

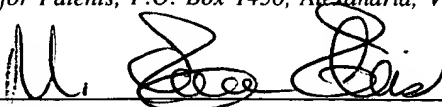


3763

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 29, 2003.


Signature

Applicant : Kristine B. Fuimaono
Application No. : 09/370,601
Filed : August 10, 1999
Title : IRRIGATION PROBE FOR ABLATION DURING OPEN HEART SURGERY

Grp./Div. : 3763
Examiner : Cris Loiren Rodriguez

Docket No. : 34063/AW/W112

RECEIVED

JAN 06 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PostOffice Box 7068
Pasadena, CA 91109-7068
December 29, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED | | | | | | |
|---|---|-------------------------------|---------------------------|----------------------|----------------------|-----|
| | Claims Remaining After Amendment | Highest Number Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE |
| Total Claims Fee | 33 | *54 | 0 | 0 x \$9.00 | 0 x \$18.00 | 0 |
| Independent Claims | 2 | ** 3 | 0 | 0 x \$43.00 | 0 x \$86.00 | 0 |
| Multiple Dependent Claims *** | | | | \$145.00 | \$290.00 | 0 |
| TOTAL FILING FEE | | | | | | 0 |
| NO ADDITIONAL FEE REQUIRED **** | IF NO FEE REQUIRED, INSERT "0" | | | | | 0 |
| LIST INDEPENDENT CLAIMS: 2 and 6 | | | | | | |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS" | | | | | | |

Attached is our check for \$ to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.
Other enclosures:


Amendment Transmittal Letter
Application No. 09/370,601

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By



Anne Wang
Reg. No. 36,045
626/795-9900

AW/mas

MAS PAS542790.1-*--12/23/03 11:02 PM